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ABSTRACT

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Behavioral Management of Medical Compliance: Its Role in the History of Group Psychotherapy

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Abstract

Most histories of psychology and psychiatry attribute the first group psychotherapy to Joseph Pratt's 1905 class for tuberculosis patients. Pratt's actual treatment procedures are examined. They are shown to have consisted primarily of operant and social-learning techniques, aimed at increasing patient compliance with a demanding therapeutic regimen.

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Behavioral Management of Medical Compliance: Its Role In the History of Group Psychotherapy

In the past few years clinical psychologists have become increasingly involved in the burgeoning field of medical psychology, or behavioral medicine (Miller, 1976). Within this field, a major focus of clinical and theoretical interest is on the problem of increasing the compliance of medical patients with therapeutic regimens (Sackett & Haynes, (1976). As knowledge of preventative measures increases for diseases such as hypertension and diabetes, patients' non-compliance with such measures becomes an increasingly serious concern for physicians and behavioral scientists.

Although the behavioral aspects of medicine have been considered clinically important for hundreds of years, the field of medical psychology has little formal history. As a small attempt to remedy this situation, my presentation will critically examine and attempt to interpret an often cited episode in the history of psychology and medicine. This episode is the commonly attributed origin of group psychotherapy: the tuberculosis classes conducted by Joseph Pratt, M.D. in Boston beginning in 1905.

In examining the work of Dr. Pratt and his associates, it will be proposed that his methods utilized primarily operant and social learning techniques in individual and group settings. As such, these techniques of Dr. Pratt can be seen to foreshadow current behavioral approaches to the difficult problems of patient motivation and non-compliance with therapeutic regimens.

Almost every general textbook of psychiatry and clinical psychology attributes the origin of group psychotherapy to Joseph H. Pratt's early (1905-1927) tuberculosis classes (Kolb, 1973; Korchin, 1976; Lubin, 1976; Mora, 1974; Solomon & Patch, 1971).[1] This attribution is shared by historians of psychiatry and psychology (Alexander & Selesnick, 1966; Reisman, 1976) and by writers on group psychotherapy (Anthony, 1971; Slavson, 1951; Yalom, 1975).

Joseph Pratt was born in 1872, attended Yale as an undergraduate, and after studying under such teachers as William Osler and William Welch received his M.D. in internal medicine from Johns Hopkins in 1898 (Proger, 1937). (SLIDE ONE). Pratt enjoyed a long and productive medical career. He worked in many fields within internal medicine, and influencing the careers of psychiatrists, psychologists, as well as other psychologically minded physicians such as Austen Riggs and Richard Cabot (often said to be the "founder" of clinical social work). In addition to his work in medicine and his early group treatment of tuberculosis, Pratt also developed a group method for treating explicitly psychoneurotic disorders in the 1930's (Pratt, 1934). While this later group work used some of the same principles as Pratt's early tuberculosis classes (Note 1), its discussion is beyond the scope of this paper.

In looking at Joseph Pratt's tuberculosis therapy (that would later be seen as psychotherapy), it is important to examine both his specific treatment methods and the origin of these therapeutic techniques. According to Pratt's own concemporary account, his

group (or "class") treatment was designed to serve a population of indigent and working class tuberculosis patients in Boston who could not afford sanitorium treatment for their illness (Pratt, 1907). In the years 1902-1905 Pratt had contact with this population as outpatients at Massachussetts General Hospital. Seeing these patients, Pratt was confronted by a conflict between their life-style (many hours of hard work) and his treatment of choice for tuberculosis (extended bed rest, fresh air and drinking large amounts of milk). This conflict, as Pratt saw it, meant that the average tuberculosis outpatient was poorly motivated to pursue the prescribed therapeutic regimen.

Fortunately for his patients, Joseph Pratt was able to integrate a number of new treatment techniques from different sources into a new therapeutic procedure, specifically designed to increase the motivation of tuberculosis sufferers. The first part of Pratt's treatment was a strict regimen of fresh air, bed rest, and a diet that included 2 to 3 quarts of milk per day (Pratt, 1926). This regimen followed the work of Pratt's friend Lawrason Brown, who directed the famous Saranac Lake Sanatorium in New York. At the hands of Pratt and his staff, Brown's treatment was creatively adapted to Boston's poorest neighborhoods, with patients being given directions for building outdoor rest areas attached to their houses or tenaments. (SLIDES TWO, THREE, FOUR, FIVE).

To help motivate patient compliance and to provide records of patients' behavior, Pratt's therapy also included a second feature:

the patient's log book. This log book was a method by which each patient recorded his or her weight, food intake, pulse and temperature on at least a daily basis (SLIDE SIX). Originally designed by Minor (1902), this recording system was modified by Pratt to both provide patients with regular feedback on their progress in combatting the symptoms of tuberculosis (e.g., by reducing their fever), and to be a record used in an externally managed reinforcement program where praise and social approval were given patients for increases in targetted behaviors (e.g., in time spent in bed, weight gain, etc.).. (SLIDE SEVEN)

The third part of Pratt's therapeutic program included this system of rewarding patient compliance, and was made possible by assistance (today it would be called a small grant) from Boston's Emmanuel Church, headed by the Reverend Elwood Worcester. (Worcester was himself an interesting historical figure in that he had studied psychology at Liepzig with Fechner, and in 1906 began a popularized version of Pratt's class to treat psychoneuroses, incurring the disapproval of the national press and clinicians ranging from Lightner Witmer to Sigmund Freud--see Hale, 1971; Note 2). With this assistance Pratt began to treat patients in groups of 15-to 20, which he called "classes". Contact with each class member was maintained in two forms. First, a social worker or nurse (called a "friendly visitor") would visit the patient regularly to monitor and encourage his or her progress and make whatever physical examinations were necessary. Second, if the

patient's temperature had decreased and weight had been increased sufficiently, that patient would be allowed to attend a weekly group meeting of the class, conducted by Dr. Pratt.

It was these weekly class meetings that seem to constitute the often referred to "beginnings" of group psychotherapy. However, if one examines Pratt's contemporary descriptions of the class procedures, they seem much more like a good contingency management program than a session of group psychotherapy. First, let me quote Pratt's description of the strength of class attendance as a positive reinforcer:

> When applications for membership are received from consumptives with considerable fever, they are told to place their bed out of doors and remain absolutely at rest until their temperature is normal. The promise is held out to them that they will be taken into the class when their fever leaves. Four months ago a man with advanced phthisis and high fever wished to join the class. I sent him to bed. The friendly visitor called and left a record book. At the end of a month his temperature had become normal and he was permitted to attend a class meeting. He lived at the top of a steep hill. On returning home from his visit to me on the day he began treatment he had difficulty in climbing the hill and reached the top exhausted. After spending a month in bed he found, after starting for the class meeting, that he had forgotten his record book. He climbed the hill and, to his delight, found that the ascent was no longer difficult and exhausting. (Pratt, 1907, p. 758)

Not only was the priviledge of class attendance used to reinforce patient compliance, but patients with the best behavioral records were given further social reinforcement during class, and modelled positive health behavior to others. Again quoting Pratt:

> The members are weighed each week and their pulse and temperature taken by the friendly visitor, assisted by one of the senior members.

> The greatest gains in weight are posted conspicuously each week on the blackboard, and the member who remains out of doors the greatest number of hours during the month has his record exhibited. (Pratt, 1907, p. 758)

Using his approach of group meetings and individual visits to increase patient motivation, Pratt obtained therapeutic results that were extraordinary considering his population and the current medical technology. For example, in 1927 Pratt reported a fifteen year follow-up on his first tuberculosis class, showing 63% of his patients returned to full work; conventional, more expensive sanatorium treatment achieved rates 10 to 20% lower than Pratt's methods. (SLIDE EIGHT).

Looking back at Pratt's methods and his success, I am struck with two things. The first is the similarity between the clinical problems faced by Pratt and those currently faced by physicians and medical psychologists dealing with patients on difficult therapeutic regimens (e.g., for hypertension, diabetes). Certainly we could learn some lessons by a further examination of Joseph Pratt's creative mixture of motivation-increasing techniques. The second thing that strikes me about Pratt's early work is that while it surely employed some group psychotherapeutic principles (such as group cohesion--see Yalom, 1975), it seems closer to our current applications of operant conditioning and social learning theories to problems of behavior management (Barofsky, 1976; Kanfer & Goldstein, 1975)[2]. As such, the work of Joseph Pratt constitutes an important chapter in the (as yet unwritten) history of clinical behavioral therapeutics.

Reference Notes

1. Interview with Samuel H. Proger, M.D. Boston, Massachusetts, July 21, 1977.
2. Gifford, S. The Emmanuel Movement - An early experiment in community psychotherapy. In Psychoanalysis, Psychotherapy and the New England medical scene, 1894-1944. Symposium sponsored by the Boston Psychoanalytic Institute and the Francis Countway Library of Medicine, Boston, April 12-14, 1973.

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Footnotes

1. For unknown reasons a major psychiatry text mistakenly places Pratt's class in New York City in 1907 (Freedman, Kaplan, & Sadock, 1972).

2. As early as the 1930's, associates of Pratt's(such as R. W. Buck) applied his class methods to treat non-tubercular diseases at the Boston Dispensary. One disease treated in this manner was hypertension, foreshadowing psychologists' recent applications of behavioral science to this disorder.